

MISSOURI DEPARTMENT OF HIGHER EDUCATION

FORM NP: NEW PROGRAM PROPOSAL FORM

Sponsoring Institution(s): Washington University

Program Title: Master of Science in Advanced Architectural Design

Degree/Certificate: degree

Options: ☒ NOTE: NAAB (National Architectural Accrediting Board) has requested a separate designation for post-professional degree programs; this is only a change of nomenclature, not of program structure or curricular change. The requirements for this degree are the same as for the existing Master of Architecture degree (a first professional degree program in the field).

Delivery Site(s): Washington University, Danforth Campus

CIP Classification: 04.0201

Implementation Date: 2010

Cooperative Partners: (n/a)

Expected Date of First Graduation: (n/a)

pre-prof.

AUTHORIZATION

Name/Title of Institutional Officer:

Edward S. Macias, Provost

Signature _____ Date _____

Person to Contact for More Information:

Susan E. Hosack, Director, Office of Student Records/Registrar

Telephone: (314) 935-5567

MASTER OF SCIENCE IN ADVANCED ARCHITECTURAL DESIGN

This 36-credit, three-semester program allows those already holding NAAB-accredited professional degrees in architecture to pursue advanced design studies, research, and teaching preparation.

Schedules for students in this program are varied and highly individual but will include an advanced design studio in each semester. This program leads to a post-professional Master of Science in Advanced Architectural Design.

This degree program description is the same as the former MArch1.

Missouri Department of Higher Education

Jay Nixon, Governor

Dr. David Russell, Commissioner

[Home](#) » [Academic Program Actions](#) » [Form PC - Program Change](#)

Form PC - Program Change

PROGRAM CHANGE FORM

1. Submitted by: WASHINGTON UNIVERSITY

Name of Institution (Campus or off-campus residential center in the case of multi-campus institutions)

2. Type of Program Change (Check those that apply):

- ☐ Title change only
☐ Combination program created out of closely allied existing programs
☒ Option(s) added to existing program(s)
☐ Addition of certificate program developed from approved existing parent degree
☐ Addition of free-standing single-semester certificate program
☐ Delete program(s)
☐ Delete option(s)
☐ Program placed on "Inactive Status" list

3. Indicate Program Change or Addition of Options: POST-PROFESSIONAL DEGREE

Before the Proposed Change

After the Proposed Change

Title of Old
Program or
Certificate Option

Degree

CIP
CodeTitle of New
Program or
Certificate Option

Degree

CIP
Code

MASTER OF SCIENCE IN ADVANCED
 ARCHITECTURAL DESIGN
 CIP = 04, 0201

4. Attach a copy of the "before and after" curriculum, as applicable, and a rationale for the proposed change. PER NAAD, REQUEST, TO DISTINGUISH THIS FROM THE

5. Intended date of program change, additional options, or "Inactive Status": FALL 2011
 Month/Year

M. ARCHITECTURE
 PROFESSIONAL
 DEGREE,
 OTHERWISE SAME
 PROGRAM
 DESCRIPTION.

AUTHORIZATION

SUE HOSACK/REGISTRAR Sue Hosack 2.27.2011
 Name/Title of Institutional Officer Signature Date

SUE HOSACK 314-935-5567
 Person to Contact for More Information Telephone Number

MacCleoud, Heather

From: Johnston, Bridget
Sent: Wednesday, July 06, 2011 9:43 AM
To: 'Hosack, Sue'
Cc: MacCleoud, Heather
Subject: New programs at WashU

Follow Up Flag: Follow up
Flag Status: Flagged

Good Morning, Sue:

Thank you for submitting new program proposals on behalf of Washington University. MDHE has reviewed the proposals and has the following questions/comments:

- Judging by the comments you inserted on the MS, Advanced Architectural Design proposal it seems you will need to fill out a program change form (Form PC) and submit it to us.
- The BD, Design; BD, Architecture; MSI, System Integration; and MS, Architectural Studies all have the Program Characteristics and Performance Goals Form (Form PG) attached but it is not filled out. Will you please provide a completed form for the proposals.
- To delete the BA, Architecture program from our inventory please complete a program change form (Form PC) and submit it to us.

Please provide your response by Wednesday, July 13, 2011, and copy Heather MacCleoud (heather.maccleoud@dhe.mo.gov) on your response. Thank you and if you have any questions please let me know.

Best,
Bridget Johnston

Bridget Johnston | Research Associate | Missouri Department of Higher Education | 573. 526. 5716 | 205 Jefferson Street | P.O. Box 1469 | Jefferson City, MO 65102-1469 | bridget.johnston@dhe.mo.gov

*not correct
- needs New Program
Request as a
separate
degree*